



**Community Nutrition Programs  
Child and Adult Care Food Program (CACFP)**

- ❖ **The Child Care Component**
- ❖ **Pricing Programs**

## **Pricing Program Addendum FFY 2016**

**For Determining Eligibility  
For Free and Reduced-Price Meals  
(Revised July 2015)**

**FIRST:**

- **COMPLETE** this *Pricing Program Addendum – FFY 2016* with all of the required information, as specified in the instructions on the following page.

**THEN:**

- **UPLOAD** your agency's fully complete and entire *Pricing Program Addendum – FFY 2016* (including pages 1-8 and Attachments I – V) into the online CACFP contract at the *Program uploads* page.

**Instructions for Completing the  
Pricing Program Addendum – FFY 2016**

1. Fill in your agency's agency code and full legal name in the appropriate spaces at the top of page 1.
2. Read carefully all responsibilities listed on pages 1, 2, and 3. Remember that by signing this Addendum, you are agreeing that you will fulfill these responsibilities.
3. **Page 1, Section E:** Fill in the name, title, and office address of the person who will be making the determinations of eligibility on the *Household Size-Income Statements* (Attachment III), which will be referred to as "HSIS" throughout the rest of this Pricing Program Addendum.
4. **Page 2, Section F:** The *Parent Letter* referred to in this section is Attachment II. This letter must be given to all parents/guardians along with Attachment III, the *HSIS* form.
5. **Page 2, Section F, Paragraph 4:** Written notification must be provided to all households that submit *HSIS* for receiving Free or Reduced-price meals. Use Attachment IV, the *Notification Letter for Determination of eligibility for Free or Reduced-price Meal Benefits*, for issuing this notification. If a *HSIS* is determined as Non-needy, Attachment V, *Hearing Procedures*, must also be sent to the family along with this notification letter.
6. **Page 2, Section F, last line:** Fill in the name, title, and office address of the person designated as the hearing official. This cannot be the same person as the determining official.
7. **The required media release is now issued by the Wisconsin Department of Public Instruction (DPI)** as a statewide release that lists all CACFP participating agencies. Therefore, your agency is no longer required to issue an annual media release.
8. **Page 2, Money Collection Procedure:** Describe how you will collect the charge for the Reduced and Non-needy meals.
9. **Page 3, Meal Accountability Procedures:** Explain how you will ensure that Free and Reduced-price meal recipients are not identified by other children and/or parents and guardians.
10. **Page 4:** The institution's authorized representative must sign and date in the appropriate space. The effective date will be DPI's approval date of the institution's online CACFP contract.

**Specific Instructions for Attachments**

- **Attachments I-III of this Addendum—Note:**

The USDA Income Eligibility Guidelines (IEGs) listed on the enclosed *Household Size-Income Scale* (Attachment 1) and the *Parent Letter* (Attachment II) are valid from July 1, 2015 – June 30, 2016.

→ **Since this Addendum is valid from October 1, 2015 – September 30, 2016, DPI will issue updated Attachments I-III within a separate notification to your agency in July 2016 for use effective that month.** All references to Attachments I-III within this Addendum include those that are current as of July 2015 as well as those that will be current effective July 2016, pending their release.

- **Attachment II—Parent Letter**

**Fill in the following information on the *Parent Letter* before giving it to parents/guardians:**

**(1)** name of your agency (sponsor); **(2)** the charge to Non-needy children for lunch/supper, breakfast and snack; **(3)** the charge to children determined as eligible for Reduced-price meals, for lunch/supper, breakfast and snack; **(4)** name, title, and address of the person designated as the determining official; **(5)** name, title, and address of the person designated as the hearing official; and **(6)** signature of sponsor representative.

- **Attachment IV—Notification Letter for Determination of eligibility for Free or Reduced-price Meal Benefits**

Check the appropriate determination (based on the child's *HSIS*) and fill in the name of your agency. If the *HSIS* is determined as Non-needy for a household, you must list the reasons for denial and give the name of the hearing official as listed in the policy statement, Section F.

- **Attachment V—Hearing Procedures**

The *Hearing Procedures* must be sent with all notification letters to households that submitted *HSIS* for which your agency determined as Reduced or Non-needy. Fill in your agency's name and the name, address, and phone number of the hearing official.

## Pricing Program Addendum for Free and Reduced-Price Meals – FFY 2016

Agency Code: \_\_\_\_\_  
(Provide Agency Code)

The \_\_\_\_\_  
(Provide full legal name of Institution)

has accepted the responsibility for providing Free and Reduced-price meals to eligible children enrolled in child care in centers under its jurisdiction.

The Institution assures the Wisconsin Department of Public Instruction (DPI) that the Institution will uniformly implement the following policy to determine children's eligibility for Free and Reduced-price meals.

### In fulfilling its responsibilities, the Institution:

- A. Agrees to serve Free meals to children from households whose income is at or below income eligibility guidelines listed on the *Household Size-Income Scale* (Attachment I), within the Free Category Section.
- B. Agrees to serve meals at a Reduced-price to children from households whose income is at or between the income eligibility guidelines listed on the *Household Size-Income Scale* (Attachment I), within the Reduced Category Section. The Reduced price for breakfast will not exceed 30¢, for lunch or supper will not exceed 40¢, and for snacks will not exceed 15¢.
- C. Agrees that there will be no physical segregation of, nor any other discrimination against, any child(ren) because of his household's inability to pay the full price of the meal. There will be no discrimination against any participant on the basis of race, color, national origin, sex, age or disability. The names of the children eligible to receive Free or Reduced-price meals shall not be published, posted, or announced in any manner. There shall be no overt identification of any such children by use of special tokens or tickets or any other means. Further assurance is given that children eligible for Free or Reduced-price meals, or their households, shall not be required to:
  - 1. Work for their meals;
  - 2. Eat meals at a different time;
  - 3. Eat a meal different from the one sold to children paying the full price.
- D. Agrees to establish and use a fair hearing procedure for parents or guardians to appeal the Institution's eligibility determinations of their submitted *Household Size-Income Statements (HSIS)* and the Institution officials' challenges regarding the validity of information contained on a *HSIS* or to the continued eligibility of any child for Free or Reduced-price meals based on verification efforts. During the appeal and hearing, the child(ren) will continue to receive Free or Reduced-price meals. A record of all such appeals and challenges and their dispositions shall be retained for three (3) years after the end of the current Federal Fiscal Year (October 1 – September 30).

Prior to initiating the hearing procedure, the parent/guardian or the Institution official may request a conference to provide an opportunity for the parent/guardian and Institution to discuss the situation, present information, and obtain an explanation of data submitted in the *HSIS* and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

### The hearing procedure shall provide the following:

- 1. A publicly-announced, simple method for a family to make an oral or written request for a hearing.
- 2. An opportunity for the family to be assisted or represented by an attorney or other person in presenting its appeal.
- 3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
- 4. Reasonable promptness and convenience to the family in scheduling a hearing and adequate notice as to the time and place of the hearing.
- 5. An opportunity for the family to present oral or documentary evidence and arguments supporting a position.

6. An opportunity for the family to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing be conducted and the decision be made by a hearing official who did not participate in the decision under appeal.
8. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. That the family and any designated representatives thereof be notified in writing of the decision of the hearing official.
10. That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefor, and a copy of the notification to the family concerned of the hearing official's decision.
11. That such written record be maintained for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the family concerned or their representatives at any reasonable time and place during such period.

**E. Agrees to Designate**

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*(Provide name, full title, and office address of Determining Official)*

to review *HSIS* and make eligibility determinations. This official will use the criteria outlined in this policy to determine which individual children are eligible for Free or Reduced-price meals.

- F. Agrees to provide each child's parent or guardian the *Parent Letter* (Attachment II), including a *HSIS* form (Attachment III), for completion and submission of the *HSIS* form to potentially receive Free or Reduced-price meals annually. *HSIS* forms may be filed at any time during the year. Any parent/guardian enrolling a child in an institution for the first time, at any time during the year, must be given both the *Parent Letter* and *HSIS* form. If a child transfers from one center to another under the jurisdiction of the same institution, his/her eligibility for Free or Reduced-price meals will be transferred to and honored by the receiving center. The method(s) used to accept completed *HSIS* for making Free and Reduced determinations will ensure that completed *HSIS* are accepted from households on behalf of children who are members of W-2 Cash Benefits, FoodShare WI or FDPIR households.**
- Because this Addendum is valid from October 1, 2015 – September 30, 2016 and the USDA Income Eligibility Guidelines (IEGs) listed on the enclosed *Household Size-Income Scale* (Attachment 1) and the *Parent Letter* (Attachment II) are valid from July 1, 2015 – June 30, 2016, DPI will issue updated Attachments I-III within a separate notification to your agency in July 2016 for use effective that month. **All references to Attachments I-III within this Addendum include those that are effective as of July 2015 and currently enclosed within this document, as well as those that will be current effective July 2016, pending their release.**
  - The parent/guardian will be requested to complete the *HSIS* form and return it to the determining official for review. Such completed *HSIS* and documentation of action will be maintained for three (3) years after the end of the fiscal year to which they pertain.
  - After *HSIS* have been reviewed and determined by the determining official, parents or guardians will be notified individually in writing of their *HSIS* eligibility determination.
  - When a *HSIS* is determined as Non-needy, parents or guardians will be informed of the reasons for this determination and of the hearing procedure. Parents or guardians will also be informed of the hearing procedures when their eligibility determinations are Reduced or Non-needy based on verification efforts.
- The designated hearing official, who will not be involved in the original eligibility determination, is:**

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*(Insert name, full title and office address of Hearing Official)*

- G. Agrees to establish a procedure to collect from children who pay for their meals and to account for the number of Free or Reduced-price and full-charge meals served. The procedure described at the end of this pricing program addendum will be used so that no other child (and/or his/her parent or guardian) in the center will be aware of the identity of the children receiving Reduced-price or Free meals.**
- H. Agrees to submit to DPI, if choosing to modify, the modified *Parent Letter* (Attachment II) and/or the *HSIS* form (Attachment III) for DPI approval prior to distributing these modified documents.**

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## Required Anonymity Procedures

TO PROTECT THE IDENTITY of the children receiving Free and Reduced-price meals as determined under the established eligibility guidelines, the following methods and procedures must be used for collecting money from the households of children who will pay for their meals (both Non-needy and Reduced price). This procedure must be implemented in all centers participating under the Institution's jurisdiction. Also noted is the method whereby children must receive their Free and Reduced-price meals each operating day without overtly identifying the Free and Reduced-price meal recipients.

## Money Collection Procedures

### → Procedures for Collecting Money:

Describe how the Institution will collect money for meals and snacks from households of paying children. Indicate the frequency of this collection.

## Meal Accountability Procedures

### → Procedures to account for Free and Reduced-price meals served:

Describe methods that will be used by the Institution to assure that there is no overt identification of Free and Reduced-price meal recipients.

## Verification Requirements by the State Agency (DPI)

DPI is required to perform verification on a random sample of no less than 3 percent of the *HSIS* determined as Free and Reduced in an institution that is a pricing program and has the option of requesting assistance from the institution in the verification process.

### The following attachments are adopted with and considered part of this policy:

**Attachment I**—*Household Size-Income Scale* (Effective July 1, 2015, and July 1, 2016)

**Attachment II**—*Parent Letter* for the CACFP Pricing Program (Effective July 1, 2015, and July 1, 2016)

**Attachment III**—*Household Size-Income Statement (HSIS)* (Effective July 1, 2015, and July 1, 2016)

**Attachment IV**—*Notification Letter for Determination of eligibility for Free or Reduced-price Meal Benefits*

**Attachment V**—*Hearing Procedures* for the Pricing Program

This policy becomes effective \_\_\_\_\_

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Signature of Authorized Representative of Institution



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Date Signed *Mo./Day/Yr.*

## HOUSEHOLD SIZE-INCOME SCALE

July 1, 2015, to June 30, 2016

### FREE

The participant(s) may be determined as “Free” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or below the amount on this table for the specific household size.

| Household Size                            | Yearly \$ | Monthly \$ | Twice per Month \$ | Every Two Weeks \$ | Weekly \$ |
|---|-----------|------------|--------------------|--------------------|-----------|
| 1   | 15,301    | 1,276      | 638                | 589                | 295       |
| 2   | 20,709    | 1,726      | 863                | 797                | 399       |
| 3   | 26,117    | 2,177      | 1,089              | 1,005              | 503       |
| 4   | 31,525    | 2,628      | 1,314              | 1,213              | 607       |
| 5   | 36,933    | 3,078      | 1,539              | 1,421              | 711       |
| 6   | 42,341    | 3,529      | 1,765              | 1,629              | 815       |
| 7   | 47,749    | 3,980      | 1,990              | 1,837              | 919       |
| 8   | 53,157    | 4,430      | 2,215              | 2,045              | 1,023     |
| For Each Additional Household Member add: | +5,408    | +451       | +226               | +208               | +104      |

### REDUCED-PRICE

The participant(s) may be determined as “Reduced-Price” on their Household Size-Income Statement (HSIS) if the HSIS is fully complete and the total reported household income is at or between the amounts on this table for the specific household size.

| Household Size                            | Yearly             | Monthly          | Twice per Month  | Every Two Weeks  | Weekly           |
|---|--------------------|------------------|------------------|------------------|------------------|
| 1   | 15,301.01 & 21,775 | 1,276.01 & 1,815 | 638.01 & 908     | 589.01 & 838     | 295.01 & 419     |
| 2   | 20,709.01 & 29,471 | 1,726.01 & 2,456 | 863.01 & 1,228   | 797.01 & 1,134   | 399.01 & 567     |
| 3   | 26,117.01 & 37,167 | 2,177.01 & 3,098 | 1,089.01 & 1,549 | 1,005.01 & 1,430 | 503.01 & 715     |
| 4   | 31,525.01 & 44,863 | 2,628.01 & 3,739 | 1,314.01 & 1,870 | 1,213.01 & 1,726 | 607.01 & 863     |
| 5   | 36,933.01 & 52,559 | 3,078.01 & 4,380 | 1,539.01 & 2,190 | 1,421.01 & 2,022 | 711.01 & 1,011   |
| 6   | 42,341.01 & 60,255 | 3,529.01 & 5,022 | 1,765.01 & 2,511 | 1,629.01 & 2,318 | 815.01 & 1,159   |
| 7   | 47,749.01 & 67,951 | 3,980.01 & 5,663 | 1,990.01 & 2,832 | 1,837.01 & 2,614 | 919.01 & 1,307   |
| 8   | 53,157.01 & 75,647 | 4,430.01 & 6,304 | 2,215.01 & 3,152 | 2,045.01 & 2,910 | 1,023.01 & 1,455 |
| For Each Additional Household Member add: | +5,408.01 & +7,696 | +451.01 & +642   | +226.01 & +321   | +208.01 & +296   | +104.01 & +148   |

## PARENT LETTER

Dear Parent or Guardian:

The \_\_\_\_\_ serves nutritious meals each day the child care center is in operation.  
(Name of Institution)

Households may purchase meals for their children. The cost for lunch/supper is \_\_\_\_\_; the cost for breakfast is \_\_\_\_\_; the cost for a snack is \_\_\_\_\_. Children also may get meals Free or at a Reduced price when their households submit a completed Household Size-Income Statement (HSIS) form to the institution. The institution receives added reimbursement for each child whose household income is at or below the level shown on the household size-income scale below. If you currently receive Supplemental Nutrition Assistance Program (SNAP) (FoodShare WI) benefits, participate in the Food Distribution Program on Indian Reservations (FDPIR), or participate in the Wisconsin Works (W-2 Cash Benefits) program, your children can get Free meals. If your household income is the same or less than the amounts on the income scale below, your children can get Free meals or Reduced price meals. The Reduced price is \_\_\_\_\_ for lunch/supper, \_\_\_\_\_ for breakfast and \_\_\_\_\_ for snacks. Meals served to foster children are eligible for reimbursement at the Free price rates regardless of the household's income. A foster child placed in a home may be included as a household member on the same HSIS form that includes the non-foster children. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your household income is higher than the amount indicated below for your household size, your household does not receive FoodShare, W-2 Cash Benefits, and/or FDPIR benefits, and you do not have any foster children within your household, your household will not be eligible for meals at the Free or Reduced-price rate; in this case, you do not need to complete and submit the HSIS form.

(Effective July 1, 2015 to June 30, 2016)

| Household Size                            | Annual Income Level<br>(at or below) |
|---|--------------------------------------|
| 1   | \$21,775                             |
| 2   | \$29,471                             |
| 3   | \$37,167                             |
| 4   | \$44,863                             |
| 5   | \$52,559                             |
| 6   | \$60,255                             |
| 7   | \$67,951                             |
| 8   | \$75,647                             |
| For each Additional Household Member, Add | +\$7,696                             |

Households with incomes less than or equal to the Reduced-price standards would be eligible for Free or Reduced price meal benefits. Participants having family members who become unemployed are eligible at the higher rate during the period of unemployment provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

**When eligibility is established by household size and income, a complete HSIS form must include:** (a) names of all household members including the name of the enrolled child(ren); (b) the last four digits of the social security number of the adult household member signing the HSIS form or an indication that the household member does not have a social security number; (c) household income received by each household member identified by source of income; and (d) the signature of an adult member of the household and date signed.

**When eligibility is established by a Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin) case number, FDPIR case number, or W-2 Cash Benefits number, a complete HSIS form must include:** (a) the name of the enrolled child(ren); (b) the appropriate SNAP (Food Share Wisconsin), FDPIR or W-2 Cash Benefits case number; and (c) the signature of an adult member of the household and date signed. *Eligible W-2 Cash Benefits programs are Trial Job, Community Service Job (CSJ), Caretaker of an Infant (CMC), At Risk Pregnancy (ARP), and W-2 Transition (W-2 T).* **DO NOT give numbers for Medicaid, SSI, or W-2 Child Care Assistance.**

**Meals served to foster children are eligible for reimbursement at the Free price rates regardless of the household's income. A foster child placed in a home may be included as a household member on the same HSIS form that includes the non-foster children.**

**Once properly approved by the institution for Free or Reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.**

**USE OF INFORMATION STATEMENT:** Unless a SNAP, FDPIR, or W-2 Cash Benefits case number is provided for your child, you are applying for a foster child, or unless a Head Start statement of income eligibility verification is provided for your child, the Richard B. Russell National School Lunch Act requires that the adult household member signing the HSIS form must report his or her last four digits of the social security number on the HSIS. If the adult household member signing the HSIS form does not possess a social security number, he/she must indicate so on the HSIS. Provision of the last four digits of the social security number is not mandatory, but if it is not provided or an indication is not made that the adult household member signing the HSIS does not have one, the HSIS cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the HSIS for proper administration and enforcement of the Child Nutrition Programs. Your eligibility information provided on the HSIS may be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Children's Free and Reduced price meal eligibility information may be shared with other State agencies and other Child Nutrition Programs without prior notification. If your children's meals are reimbursed at the Free or Reduced price rate, these children may also be able to get Free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and BadgerCare that your children's meals are eligible for the higher reimbursement rate(s), unless you tell us not to. Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the HSIS form does not automatically enroll your children in health insurance.) **If you do not want us to share your information with Medicaid or BadgerCare please notify us in writing. Notification will not change whether or not your children's meals are reimbursed.**

Under the provisions of the center's policy, \_\_\_\_\_

(Insert Name, Title and Address of Determining Official)

will review HSIS forms and determine eligibility. The information reported on the HSIS may be verified at any time during the year. If a parent is dissatisfied with the ruling of the official, he/she may wish to discuss the decision with the determining official on an informal basis. If the parent or guardian wishes to make a formal appeal, he/she may make a request either orally or by writing to

(Insert Name, Title and address of Hearing Officer)

(Signature of Agency Representative)

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**HOUSEHOLD SIZE—INCOME STATEMENT**

An adult household member must complete this form and return it to the center.

First and Last Name(s) of Enrolled Child(ren)

Center

**PART 1: BENEFITS**If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDIPIR (Food Distribution Program on Indian Reservations), **check the box for the benefit currently received and provide the case number.****Complete PART 3 and return it to the center's office. Do not complete PART 2. If no one receives these benefits, go to PART 2.**☐ FoodShare Wisconsin (10 or 16 digit #)☐ Wisconsin Works Cash Benefits (10 digit #)☐ FDIPIR (9 digit #)

Case Number/Quest Card Number: \_\_\_\_\_

**PART 2: TOTAL HOUSEHOLD SIZE AND INCOME**

1) List full names and ages of all household members, including yourself and all children.

2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once.

**If you provided a case number in Part 1, you do not need to complete this part (Part 2).**

| 1. List full names of all household members below |                        | Check if Foster Child    | 2. List gross income and how often it is received |                          |                          |   |                      |                          |                          |   |                          |                          |                          |   | Check if no income       |
|---|------------------------|--------------------------|---|--------------------------|--------------------------|---|----------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|
| Age   | Gross income from work |                          | Weekly Every 2 Weeks                              | Twice per Month          | Annually                 | Welfare Payments, Child Support, and/or Alimony | Weekly Every 2 Weeks | Twice per Month          | Annually                 | Pensions, Retirement, Social Security, SSI, VA benefits | Weekly Every 2 Weeks     | Twice per Month          | Annually                 | All Other Income Received Last Month (indicate frequency) |                          |
|   |                        | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        | \$                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ /  | <input type="checkbox"/> |
|   |                        | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        | \$                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ /  | <input type="checkbox"/> |
|   |                        | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        | \$                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ /  | <input type="checkbox"/> |
|   |                        | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        | \$                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ /  | <input type="checkbox"/> |
|   |                        | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        | \$                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ /  | <input type="checkbox"/> |
|   |                        | <input type="checkbox"/> | \$  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        | \$                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ /  | <input type="checkbox"/> |

**PART 3: ALL HOUSEHOLDS****ETHNICITY AND RACE DATA COLLECTION—Completion is optional**This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO?

☐ Yes, Hispanic or Latino☐ No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander**ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)**

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member

Signature Date Mo./Day/Yr.

Last 4 digits of SS# (or check "None" if you do not have a SS#)

\*\*\*\_\*\*\_ \_ \_ \_ \_

☐ None**FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed**

| Section 1  |  | Section 2   | Section 3   |
|--|--|---|---|
| Basis of Determining Eligibility (A or B)  |  | Eligibility Determination   | Determining Official's Initials & Approval Date           |
| A. Household Size & Income   | B. Benefits/Foster   | <input type="checkbox"/> Free<br><input type="checkbox"/> Reduced<br><input type="checkbox"/> Non-Needy | **Effective Month of Determination<br>_____<br>Month/Year |
| Total Household Size _____<br><br>*Total Income \$ _____ / _____<br><small>(\$ Amount) (Time Period)</small> | <input type="checkbox"/> FoodShare WI<br><input type="checkbox"/> W-2 Cash Benefits<br><input type="checkbox"/> FDIPIR<br><input type="checkbox"/> Foster Child(ren) |   |   |

**\*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported:**

Weekly income x 52 = Yearly income; Every 2 weeks income x 26 = Yearly income; Twice a month income x 24 = Yearly income; Monthly income x 12 = Yearly income.

**\*\*This form expires one year from the Effective Month of Determination.**



**NOTIFICATION LETTER FOR DETERMINATION  
OF ELIGIBILITY FOR FREE OR REDUCED-PRICE MEAL BENEFITS**

Date: \_\_\_\_\_

Dear: \_\_\_\_\_:

After reviewing your submitted Household Size-Income Statement for receiving Free or Reduced-price meals, the following determination has been made:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Beginning \_\_\_\_\_, your child(ren) will receive meals at no cost.
- ☐ Beginning \_\_\_\_\_, your child(ren) will receive meals at the Reduced-price charge of:  
\_\_\_\_\_ for lunch/supper, \_\_\_\_\_ for breakfast and \_\_\_\_\_ for snack.
- ☐ Your submitted Household Size-Income Statement has been determined as "Non-need" and therefore your child(ren) will receive meals at the full price for the following reason(s):

If you are not eligible for Free or Reduced-price meals now but have a decrease in household income, become unemployed, become eligible for W-2 Cash Benefits, FDPIR, SNAP (FoodShare Wisconsin), or have an increase in household size, you may submit a new Household Size-Income Statement for determining your household's eligibility to receive Free or Reduced-price meals at any time during the year.

If you do not agree with this determination or you desire to formally appeal the decision, contact

\_\_\_\_\_ at \_\_\_\_\_  
(Institution's Hearing Official) (telephone number)

to discuss your appeal rights. The hearing procedures are enclosed.

Sincerely,

\_\_\_\_\_  
(Signature of Agency Representative)

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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## HEARING PROCEDURES

The following hearing procedures established in accordance with Child and Adult Care Food Program regulations [7 CFR Part 226.23(c)(4)] are to be followed by a household requesting a hearing when Free or Reduced-price meal benefits are denied or terminated as a result of verification.

1. If a household disagrees with the decision of the determining official, a request for a hearing may be made by calling or writing (*name of institution's hearing official*) at (*address and phone number of hearing official*). The request for fair hearing must be made within fifteen (15) calendar days of the date of the notification letter.
2. The hearing will be scheduled with reasonable promptness and convenience and the household shall be provided with at least ten (10) days' advance written notice of the time and place of the hearing.
3. The hearing will be conducted and the decision made by the hearing official, (*insert name of institution's hearing official*). This person did not participate in the decision under appeal.
4. The household has an opportunity to be assisted or represented by an attorney or other person.
5. The household may examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
6. The household may present oral or documentary evidence and arguments supporting a position.
7. The household may question or refute any testimony or other evidence and confront and cross-examine any adverse witnesses.
8. The decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. The parties concerned and any designated representatives thereof will be notified in writing of the decision of the hearing official.
10. For each hearing a written record will be prepared, including the decision under appeal, any documentary evidence, and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
11. Such written record will be preserved for a period of three (3) years after the end of the current fiscal year and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.